



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application )

No. 09/654,177 )

JALALI et al. )

Examiner: Jean B. Corrielus )

Filed: 9/1/2000 )

For: METHOD AND APPARATUS  
FOR TIME-DIVISION POWER  
ASSIGNMENTS IN A  
WIRELESS COMMUNICATION  
SYSTEM

) Group No. 2631

LETTER TO OFFICIAL DRAFTSMAN TRANSMITTING FORMAL DRAWINGS

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Official Draftsperson:

Enclosed for filing in the subject application are eight (8) sheets of corrected formal drawings.

I hereby certify that this correspondence is being deposited  
with the United States Postal Service as first class mail in an  
envelope addressed to Mail Stop Amendment, Commissioner  
for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

December 15, 2004

(Date of Deposit)

Karyn D. Lao

(Name of the Person Making Deposit)

(Signature)

December 15, 2004

(Date of Signature)

Respectfully submitted,

Dated: December 15, 2004

By: Arti A. Kane / Limited Recognition  
Arti A. Kane, Limited Recognition  
858-845-2650

QUALCOMM Incorporated  
5775 Morehouse Drive  
San Diego, California 92121  
Telephone: (858) 651-4125  
Facsimile: (858) 658-2502

## AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450



Customer No.: 23696  
Attorney Docket No.: 000376  
In Re Application of: JALALI et al.  
Serial Number: 09/654,177  
Filed: 9/1/2000  
Examiner: Jean B. Corrielus  
Group Art Unit: 2631

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

In addition, the following documents are enclosed:

1. ☒ Other: Limited Recognition of Arti Kane
2. ☒ Other: 8 Sheets of Corrected Formal Drawings and Letter to Official Draftsperson

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	10	20	0	x \$50 =	\$0
Independent**	3	5	0	x \$200 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$360	\$0
EXTENSION FEES				<input type="checkbox"/> One Month	\$120
				<input type="checkbox"/> Two Months	\$450
				<input type="checkbox"/> Three Months	\$1020
TERMINAL DISCLAIMER				\$130	\$0
				TOTAL FEE	\$0

\*If the number in column a is less than 20, enter 0 in column c.

\*\*If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.  
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: December 15, 2004

Signature: Arti A. Kane, Limited Recognition

Arti A. Kane, Limited Recognition  
858-845-2650

QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 651-4125  
Facsimile: (858) 658-2502

## CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

## MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Karyn D. Lao  
(type or print name)

Date: December 15, 2004

Signature: [Signature]

## FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: \_\_\_\_\_  
(type or print name)

Signature: \_\_\_\_\_